

RECEIVED
CENTRAL FAX CENTER**Dinsmore&Shohl LLP** NOV 07 2005
ATTORNEYS**FACSIMILE TRANSMITTAL**
November 7, 2005**from WILLIAM A. JIVIDEN**

Direct: 937-449-6448 / Fax: 937-223-0724 / william.jividен@dinslaw.com

To: Examiner Kien T. Nguyen
Firm: MAIL STOP AMENDMENT
Fax Number: 571/273-8300
Client Number: KEL 0124 PA/40415.129
Pages: 21
(including cover)

Comments: **OFFICIAL** **OFFICIAL** **OFFICIAL**

Applicants : Everett et al.
Serial No. : 10/089,777
Filed : June 18, 2002
Title : IMPROVEMENTS RELATING TO ACTIVITY SURFACES
Art Unit : 3714
Conf. No. : 2615

If there are any problems in receiving this transmission, please call Amy Marshall at (937) 449-6400 immediately. Thank you.

Notice

This message is intended only for the use of the individuals or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this notice is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this notice in error, please notify us immediately by telephone and return these papers to us at the address below via first class mail.

Dayton • One Dayton Centre • One South Main Street, Suite 1300 • Dayton, OH 45402-2030 • Phone: (937) 449-6400

**RECEIVED
CENTRAL FAX CENTER**

NOV 07 2005

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

(Under the Paperwork Reduction Act of 1995, no personna are required to respond to a collection of information unless it displays a valid OMB control number)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005**

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 800.00**Complete if Known**

Application Number	10/089,777
Filing Date	June 18, 2002
First Named Inventor	Robert Everett
Examiner Name	Kien T. Nguyen
Art Unit	3714
Attorney Docket No.	KEL 0124 PA

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity Fee (\$)

Fee (\$)

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

100

Multiple dependent claims

360

180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
82	- 20 or HP = 0	x 25	= -0-

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent ClaimsFee (\$) Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
16	- 3 or HP = 8	x 100	= 800.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY		Registration No. 42,695	Telephone (837) 448-6400
Signature			Date 11/07/2005
Name (Print/Type)		William A. Judd	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

NOV 07 2005

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no burdens are imposed to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **800.00****Complete If Known**

Application Number	10/089,777
Filing Date	June 18, 2002
First Named Inventor	Robert Everett
Examiner Name	Kien T. Nguyen
Art Unit	3714
Attorney Docket No.	KEL 0124 PA

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity**Fee (\$)** **Fee (\$)**

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180